

Marta D. Harting

(410) 244-7542

mdharting@venable.com

October 22, 2018

**VIA ELECTRONIC MAIL
AND HAND DELIVERY**

Ruby Potter, Administrator
Maryland Health Care Commission
Center for Health Care Facilities
Planning & Development
4160 Patterson Avenue
Baltimore, MD 21215

Re: Prince George's County Hospice Review - Docket No. 16-16-2382

Dear Ms. Potter:

Enclosed are six copies of Amedisys Hospice of Greater Chesapeake's Response to Reviewer's October 12, 2018 Letter and Supplement to Modification of Pending CON Application.

Thank you for your attention to this matter.

Sincerely,



Marta D. Harting

MDH:rlh
Enclosures

**AMEDISYS HOSPICE OF GREATER CHESAPEAKE RESPONSE TO REVIEWER'S OCTOBER 12, 2018 LETTER
AND SUPPLEMENT TO MODIFICATION OF PENDING CON APPLICATION (DOCKET NO. 16-16-2382)**

Amedisys Hospice of Greater Chesapeake (the "Applicant") responds to the October 12, 2018 letter from the Reviewer and supplements the modification of its pending certificate of need application as set forth herein.

Part 1 – Differences in Reported Charity Care Amounts

The Reviewer's October 12, 2018 letter to the Applicant requests the Applicant to explain the discrepancies between the dollar amount of charity care that the Applicant stated in its modified application was provided by its home health agency affiliate serving five Eastern Shore counties (Dorchester, Somerset, Talbot, Wicomico, Worcester) ("Amedisys Salisbury/Cambridge") in each year 2012-2016, and the dollar amount of charity care that this same affiliate reported to the Commission in the annual Home Health Survey in each of those years.

These amounts are different because the survey values are based on average cost of the charity care visits provided, and the values reported under the CON condition are based on the amount of foregone revenue associated with charity care provided in each year. Specifically, in completing the annual Home Health Survey, Amedisys Salisbury/Cambridge has always calculated and reported the value of the charity care visits it provides each year based on the average cost of those visits. Total charity visits (reported in the Survey) are broken down by discipline, and the charity visits in each discipline are multiplied by the average cost for that discipline (as reported in the Survey) to generate the total dollar value of the charity care reported in the Survey.

In reporting under the CON condition, Amedisys Salisbury/Cambridge reports charity care revenue, not its cost in providing charity care. This is based on the language of the CON condition, which states:

HHCA shall provide charitable home health agency services to indigent persons in need of such services residing in its service area who qualify under the terms of its charity care policy. HHCA shall determine probable eligibility of a person seeking charity care services within two business days of application. If an applicant for charity care is determined to be eligible, that person will not be billed for services or will only be billed for the portion of services specified under HHCA's sliding fee scale. Decisions by HHCA to forego collection of billed charges ("bad debt") do not qualify as charity care. At a minimum, HHCA will annually provide charitable HHA services equivalent in value to at least 0.4% of total expenses and will document that it complied with this condition within six months of the close of each fiscal year. HHCA will undertake appropriate outreach and public notification requirements necessary to comply with this condition.

This condition refers to billing (i.e., revenue) -- charity patients "will not be billed for services" or "will only be billed for the portion of services" under the sliding fee scale; decisions "to forego collection of billed charges" do not qualify as charity care. Accordingly, Amedisys Salisbury/Cambridge has always understood that the value of charitable services that is to be measured against expenses under this condition is foregone revenue, or what the billed charges for a charity patient would have been if the patient was not a charitable patient. Accordingly, Amedisys Salisbury/Cambridge has always reported

under the CON condition based on revenue. The charity care dollar amounts provided by the Applicant in its modified application are the amounts that Amedisys Salisbury/Cambridge has reported to the Commission under the condition). Please refer to Exhibit 36 for copies of the reports by Amedisys Salisbury/Cambridge under this condition.

In connection with responding to the Reviewer's request to explain the reason for the differences in charity care amounts, Amedisys corporate accountants also reviewed the charity care amounts previously reported by Amedisys Salisbury/Cambridge in its annual surveys (2012-2016) and the amounts it has reported to the Commission under the CON condition (that were also provided by the Applicant in its modified application) against the underlying data in Amedisys accounting records in each year. Exhibit 37 contains the results of this review for the amounts reported in the annual surveys based on average cost.¹ As shown in Exhibit 37, the number of charity visits reported did not change except in 2016 (in which the number of charity visits was reduced by one visit). There are slight differences in the charity care dollar values from what was reported in the annual surveys in each year, except in 2013 in which the accounting review found that the actual dollar value of charity care provided (based on average cost) was approximately 19% higher than what was reported on the survey for that year.

Exhibit 38 shows the results of this review for the calculation of charity care revenue under the CON condition based on revenue. As explained above and shown in Exhibit 38, this calculation is based on revenue at list prices for charity care visits in each discipline (and supplies provided to the patient), so it represents foregone revenue associated with charity care in each year. As compared to what was previously reported to the Commission by Amedisys Salisbury/Cambridge under the CON condition (and provided in the Applicant's modified application), the review found the same amount charity care revenue in 2014, 2015 and 2016, a small (\$14.00) over-reporting of charity care in 2012, and a \$500 underreporting of charity care revenue in 2013.

Bad debt is not included in any of the charity care calculations for Amedisys Salisbury/Cambridge.

Part 2 – Charity Care Efforts

The Reviewer also requested that the Applicant describe the outreach efforts that Amedisys Salisbury/Cambridge has made to comply with the CON condition, and to provide copies of notices and correspondence with referral sources.

Amedisys Salisbury/Cambridge makes regular outreach and public notification efforts within its service area that it welcomes charity care patients, including with referral sources as well as the community at large. Its local Director of Operations is responsible for community engagement, including ensuring that referral sources of Amedisys Salisbury/Cambridge (which include nursing homes, assisted living facilities, hospitals, and physicians throughout the service area) are regularly made aware of its charity care policy. The Director of Operations also attends public meetings in the service area to facilitate linkages with the community. For example, the Director of Operations or a member of the business development team attends the quarterly Continuum of Care meetings convened by the University of Maryland Medical System, which provide a forum at which Amedisys Salisbury/Cambridge makes its acceptance of charity care known to the wide array of health care providers and community

¹ The annual survey requests total charity visits, but does not a breakdown by discipline, so the breakdown by discipline in Exhibit 37 is not information that is found in the surveys.

members attending this meeting. The Director of Operations also attends a one-on-one meeting regarding care transitions with an executive of UMMS every other month at which the acceptance of charity care by Amedisys Salisbury/Cambridge is a component. The Director of Operations also interfaces with government agencies in the service area that serve the needs of low income residents. In addition to the Director of Operations, the Amedisys Home Health – Eastern Shore business development team is responsible for marketing charity care as part of their regular sales calls.

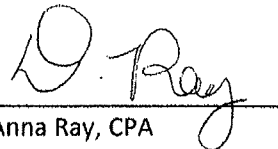
Included within Exhibit 36 (at Exhibit 4 to the August 22, 2018 letter from Amedisys to the Commission) are letters from referral sources of Amedisys Salisbury/Cambridge stating that they are aware that Amedisys Salisbury/Cambridge accepts charity care, including a letter from the Department of Human Services for Dorchester County. Another referral source to Amedisys Salisbury/Cambridge is the Choptank Community Health System Maryland Eastern Shore, a Federally Qualified Health Center that provides primary care to indigent and underserved persons in the region and has been the sources of charity care referrals to Amedisys Salisbury/Cambridge. Please refer to Exhibit 39 for a copy of a letter from Choptank Community Health System.

Amedisys Salisbury/Cambridge's public notice regarding charity care is attached as Exhibit 40. This notice summarizes the charity care policy, and a copy of the charity care policy is attached to the notice. This notice is being provided to referral sources and is posted at the Cambridge and Salisbury offices and prominently placed on the Amedisys website on the landing page for both Amedisys Salisbury/Cambridge local offices (Salisbury and Cambridge). On the home page for Amedisys (www.amedisys.com), the "Locations" tab provides a drop down menu of states and type of care (home health, hospice or personal care). After dropping down to Maryland and home health, clicking on the tab "Find a Care Center" brings the public to a list of the Amedisys local home health agency offices in Maryland (including Salisbury and Cambridge) with a tab for "More Information" underneath each local office. Clicking on "More Information" underneath any of the local offices (including Salisbury and Cambridge) brings up the landing page for the local care center, where a link (entitled "Charity Care and Other Financial Assistance") to the public notice and charity care policy (Exhibit 40) is found.

The public outreach efforts by Amedisys Salisbury/Cambridge to comply with the CON condition have resulted in its achieving a better track record in providing charity care measured as a percentage of total visits than the average of other HHAs serving the same counties in 2012-2014 (the last year for which data is publicly available as to the other HHAs). See Exhibit 35 to Applicant's modified application. Under the current home health chapter of the State Health Plan, the Commission has moved away from measuring charity care provided by home health agencies in terms of charity care revenue as a percentage of expenses (the metric in the 2011 CON condition), in favor of a measurement of charity care visits as a percentage of total visits, requiring applicants to commit to achieving at least the average percentage of charity care visits provided by existing agencies in the most recent year for which data is publicly available. Accordingly, while Amedisys Salisbury/Cambridge has not achieved charity care revenue of 0.4% of expenses since 2013, its level of charity care visits is in line with the expectation under the current State Health Plan chapter.

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in Part 1 of the foregoing Response to Reviewer's October 12, 2018 Letter and Supplement to Modification of Pending CON Application and its attachments are true and correct to the best of my knowledge, information and belief.

 10/22/18
DeAnna Ray, CPA
Accountant
Amedisys, Inc.

AFFIRMATION

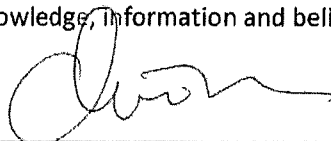
I hereby declare and affirm under the penalties of perjury that the facts stated in the foregoing Response to Reviewer's October 12, 2018 Letter and Supplement to Modification of Pending CON Application and its attachments are true and correct to the best of my knowledge, information and belief.

A handwritten signature in black ink, appearing to read 'G. Abraskin', written over a horizontal line.

Geoffrey L. Abraskin, PT, DPT, CWS
Vice President of Operations
Northeast Region
Amedisys, Inc.

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the foregoing Response to Reviewer's October 12, 2018 Letter and Supplement to Modification of Pending CON Application and its attachments are true and correct to the best of my knowledge, information and belief.

A handwritten signature in black ink, appearing to read 'Christopher Worm', is written over a horizontal line.

Christopher Worm
Director of Operations

EXHIBIT 36

Amedisys, Inc.

5959 S. Sherwood Forest Blvd
Baton Rouge, LA 70816

Office: 225.292.2031 | Fax: 225.295.9678

amedisys.com

December 26, 2013

via Fed EX 3 day

Mr. Kevin McDonald, Review Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

RE: Attestation of Charity Care provided by:

Parent: Amedisys Maryland, L.L.C. d/b/a Amedisys Home Health
6512 Deer Pointe Drive, Suite B
Salisbury, MD 21804-1669
Maryland State License Number: HH7111
Medicare Provider Number: 21-7111A
CON Docket Number: 10-20-2312

Branch: 204 Cedar Street, Suite 101
Cambridge, MD 21613-2912

Dear Mr. McDonald:

Per our recent conversation with Cathy Weiss, below is the information concerning the minimum requirement for providing charity care services equivalent to at least 0.04 percent of total expenses for the above referenced Home Health Provider.

Fiscal year January 1, 2012 to December 31, 2012
Number of charity care clients: 29
Number of Care visits: 242
Total expenses: \$7,581,767
Dollar value of charity care provided: \$37,428

I attest, as Secretary of Regulatory Reporting for Amedisys Maryland, LLC, that all information contained in this letter is accurate and complete to the best of my knowledge. If further information is required, please contact me at 877-246-5088 or by email at gusti.mcgee@amedisys.com.

Sincerely,



Gusti McGee, MBA/HCM
Secretary of Regulatory Reporting
Director, Regulatory

Amedisys
Bringing Home the
Continuum of Care

Mr. Kevin McDonald
December 26, 2013
Page 2

Copies to:

Ms. Cathy Weiss
Program Manager
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Mr. Paul Parker
Chief of CON Center of Health Care Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Attachment: III,(c)

**Officers for
Amedisys Maryland, L.L.C.
d/b/a
Amedisys Home Health**

William R. Borne
President
5959 South Sherwood Forest Boulevard
Baton Rouge, LA 70816-6038

Ronald A. LaBorde
Vice-President
5959 South Sherwood Forest Boulevard
Baton Rouge, LA 70816-6038

Thomas J. Dolan
Treasurer
5959 South Sherwood Forest Boulevard
Baton Rouge, LA 70816-6038

Celeste R. Peiffer
Secretary
5959 South Sherwood Forest Boulevard
Baton Rouge, LA 70816-6038

Patience P. (Gusti) McGee
Secretary of Regulatory Reporting
5959 South Sherwood Forest Boulevard
Baton Rouge, LA 70816-6038

Paula J. Vinson
Secretary of Regulatory Reporting
5959 South Sherwood Forest Boulevard
Baton Rouge, LA 70816-6038

Amedisys, Inc.

5959 S. Sherwood Forest Blvd
Baton Rouge, LA 70816
Office: (225) 292-2031 | Fax: 225.295.9678
amedisys.com

November 24, 2014

via Fed EX 3 day

Mr. Kevin McDonald
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

RE: Attestation of Charity Care provided by:
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Maryland State License Number: HH7111
Medicare Provider Number: 21-7111A
CON Docket Number: 10-20-2312

Branch: 204 Cedar Street, Suite 101
Cambridge, MD 21613-2312

Dear Mr. McDonald:

As per specific condition attached to our Maryland Health Care Commission's CON Docket #10-20-2312, below is the information concerning the minimum requirement for providing charity care services equivalent to at least 0.04 percent of total expenses for the above referenced Home Health Provider.

Fiscal year January 1, 2013 to December 31, 2013
Number of charity care clients: 21
Number of Care visits: 152
Total expenses: \$7,277,711
Dollar value of charity care provided \$32,252

I attest, as Secretary of Regulatory Reporting for Amedisys Maryland, LLC, that all information contained in this letter is accurate and complete to the best of my knowledge. If further information is required, please contact me at 225-299-3548 or via email at paula.vinson@amedisys.com

Sincerely,



Paula Vinson
Secretary of Regulatory Reporting
Director, Regulatory

PV/kvr
Amedisys
Bringing Home the
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Maryland Health Care Commission
November 24, 2014
Page 2

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4160 Patterson Avenue
Baltimore, MD 21215

Mr. Paul Parker
Chief of CON Center of Health Care Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215



August 22, 2018

VIA ELECTRONIC MAIL

Kevin McDonald
Chief, Certificate of Need
Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Re: Amedisys Maryland, LLC d/b/a Amedisys Home Health (License No. HH7111);
Attestation of Charity Care under Certificate of Need in Docket No. 10-20-2312

Dear Mr. McDonald:

This is written pursuant to the above-referenced CON under which the Amedisys Home Health parent in Salisbury and its branch office in Cambridge (License No. HH7111) ("Amedisys-Salisbury/Cambridge") is to provide charitable home health services equivalent in value to at least 0.4 percent of total expenses, and to document its compliance with this condition within six months of the close of each year. In the course of preparing a CON Application to allow Amedisys-Salisbury/Cambridge to expand to the Upper Eastern Shore region, we attempted to locate all of our annual compliance filings with the MHCC under this condition. We located filings for 2012 and 2013 in our records (see Exhibits 1 and 2), as well as email correspondence with you regarding compliance in 2014, but we have been unable to locate filings or any correspondence regarding compliance in 2015 and 2016. With the thought that filings or correspondence for these years might have been misplaced in our records following staffing changes, we contacted and worked with the Commission's Administrative Officer to review the Commission's files in the hope of locating compliance filings for 2015 and 2016, but discovered that the Commission's files do not contain any compliance filings by Amedisys under this CON, even those for 2012 and 2013 (Exhibits 1 and 2).¹

Accordingly, we are filing this letter and the attached grid (Exhibit 3) showing the amount of charity care revenue as a percentage of total expenses of Amedisys-Salisbury/Cambridge in each year since the CON was granted (including the most recent year, 2017). As shown in Exhibit 3, Amedisys exceeded the commitment in 2012 and equaled it in 2013, but has not been able to

¹ Amedisys-Salisbury-Cambridge did complete the Commission's annual home health survey for these years, which includes information on the charity care it provided each year. However, the CON condition issued in 2011 is based on charity care revenue as a percentage of total expenses (information not requested in the annual survey), not charity care visits as a percentage of total visits (information which is provided in the annual survey). The charity care standard in the most recent home health CON reviews is based on charity care visits as a percentage of total visits.



achieve charity care revenue of 0.4% of total expenses level since that year. Amedisys believes this is due to the expansion of insurance coverage under the ACA, which took effect in 2014, several years after this CON and the charity care condition was issued. The U.S. Census Bureau reports that Maryland's uninsured rate dropped from 10.2% to 7.9% between 2013 and 2014, and an August, 2015 Gallup Poll found that Maryland's uninsured rate fell from 12.9% in 2013 to 7.0% in the first half of 2015.

Amedisys-Salisbury/Cambridge has made regular outreach and public notification efforts within its service area regarding its acceptance of charity care since this CON was issued. Our referral sources (which include nursing homes, assisted living facilities, continuing care retirement communities, hospitals, and physicians throughout the service area) are regularly made aware by our sales team that we welcome charity care. We also continue to participate in the quarterly Continuum of Care meetings convened by the University of Maryland Medical System, through which we inform the local health care providers and community members attending this meeting that we welcome charity care cases. Please refer to Exhibit 4 for letters from several referral sources demonstrating that they are aware that Amedisys-Salisbury/Cambridge accepts charity care, including the Department of Human Services for Dorchester County. We also work with the Choptank Community Health System Maryland Eastern Shore, a Federally Qualified Health Center that provides primary care to indigent and underserved persons in the region and has been made well-aware of our acceptance of charity care cases.

We also note that, while Amedisys-Salisbury/Cambridge has not achieved charity care revenue of 0.4% of expenses since 2013, it had a better track record in providing charity care (based on charity care visits as a percentage of total visits) than the average of other HHAs serving the same counties in 2012-2014 (the last year for which data is publicly available as to the other HHAs). Please refer to pages 18-19 of the CON Application that Amedisys-Salisbury/Cambridge filed on July 6, 2018 to expand services to the upper Eastern Shore for this information (attached hereto as Exhibit 5).

Should you have any questions or need any additional information, please do not hesitate to contact me.

I attest, as Secretary of Regulatory Reporting for Amedisys Maryland, LLC that all information contained in this letter is accurate and complete to the best of my knowledge, information and belief.

Sincerely,

Monica L. Guidroz
Monica L. Guidroz

cc: Ruby Potter, Administrative Officer

EXHIBIT 1

Amedisys, Inc.

5959 S. Sherwood Forest Blvd

Baton Rouge, LA 70816

Office: 225.292.2031 | Fax: 225.295.9678

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December 26, 2013

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Sincerely,



Gusti McGee, MBA/HCM
Secretary of Regulatory Reporting
Director, Regulatory

Amedisys
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Continuum of Care

Mr. Kevin McDonald
December 26, 2013
Page 2

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Paula Vinson
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Director, Regulatory

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EXHIBIT 2

Amedisys, Inc.

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Paula Vinson
Secretary of Regulatory Reporting
Director, Regulatory

PV/kvr
Amedisys
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Maryland Health Care Commission
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Page 2

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Maryland Health Care Commission
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Baltimore, MD 21215

Mr. Paul Parker
Chief of CON Center of Health Care Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

EXHIBIT 3

EXHIBIT 3

Amedisys-Salisbury/Cambridge Charity Care 2012-2017

Calendar Year	Charity Care Revenue	Total Expenses	% of Total Expenses
2012	\$37,428	\$7,581,767	0.5%
2013	\$32,252	\$7,277,711	0.4%
2014	\$12,996	\$7,333,516	0.2%
2015	\$8,419	\$ 7,858,604	0.1%
2016	\$24,165	\$ 8,663,343	0.3%
2017	\$9,400	\$9,725,998	0.1%

EXHIBIT 4



DEPARTMENT OF HUMAN SERVICES
Dorchester County
Department of Social Services

Lisa Hartman, LCSW-C
Director

627 Race Street
P.O. Box 217
Cambridge, Maryland
21613

Telephone 410.901.4100
Fax 410.901.9705

July 9, 2018

Amedisys Home Health Care
204 Cedar Street, Suite 101
Cambridge, Maryland 21613
410-228-2170

To Whom It May Concern,

The Dorchester County Department of Social Services is aware that Amedisys Home Health Care will accept indigent patients who are charity cases.



Sincerely,

J. Smith
Jenna Smith, LCSW-C
Adult Protective Services
Social Worker II

10/20/2018 14:58 FAX 4108224288

REQUARD.ACDBHAB

00002/0002



419 South Washington Street
Baltimore, Maryland 21201
410.822.1000
www.requardhealth.org

October 23, 2018

To Whom It May Concern,

As a case manager at the Requard Center for Acute Rehab, I frequently use the services of Amedleys Home Health. I am aware that they provide charity care for patients that need home health services. They accepted a patient from Requard this year that did not have insurance and they provided charity care. I have found the staff at Amedleys will do all they can to meet the needs of the patients in this area. If you need further information feel free to contact me.

Sincerely,

Donna Martin RN

Requard Center for Acute Rehab

10/21/2015 10:52 FAX 4107708611

Pines Social Service

00001/0001



The Pines

Geneva HealthCare

610 Dutchman's Lane
Barton, MD 21601-8346
Tel 410-822-4000
Fax 410-820-9768

October 21, 2015

To Whom It May Concern:

"The social workers here at The Pines of Geneva HealthCare are aware that Amadisys home health care takes referrals for patients who do not have health insurance, otherwise known as charity cases,

Thank you,

Carolyn Tipton, LGSW

Carolyn Tipton, LGSW
Social Worker
Geneva HealthCare - The Pines
410-822-4000 ext. 188

NOV/12/2015/THU 33:40 PM

FAX No.

P. 001/301

November 11, 2015

To Whom It May Concern:

For introduction purposes, my name is Elizabeth Weaver. I am a nurse case manager at Atlantic General Hospital, in Berlin, MD. I work in the emergency room.

Our hospital is in Worcester County, Maryland. Our area is a vacation resort. The general population is getting older, in our area. Many of our patients have children in other states. They are living in unsafe situations. These patients do not qualify for inpatient hospital stays, per Medicare guidelines. They have fallen at home, are frail and have no one to help them.

We also have a large population of indigent patients, who do not have Medicare or Medicaid. They are struggling from paycheck to paycheck to make ends meet. Sadly, when a health crisis occurs, they do not know what to do. The hospital does not turn away indigent patients when surgery is needed, however, we cannot keep the patient, in the hospital, indefinitely.

I know that cost is the driving factor for most businesses. If we don't get paid, we can't survive. Sadly our healthcare system has failed many. I hope that our health care system improves, for the better, but until then, I need to work with what I have.

I want to commend Amadys Home Care for their community service and compassion for taking on indigent patients. They work with each case on an individual basis. If there is a need, they come through to help the patient. I do not know what I would do for some very sad cases, if I did not have Amadys. They have given many patients hope to survive their illness.

Sincerely,



Elizabeth A. Weaver, BSN, RN

Atlantic General Hospital

Emergency Room Case Manager

eaweaver@atlantlogeneral.org

NOV/12/2015/THU 34:04 PM

FAX No.

P. 001/001

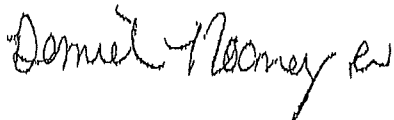
November 12, 2015

To Whom It may concern,

I would like to start by saying thank you to Amedisys Home Care for putting the needs of our community members before their own financial gain. Amedisys goes above and beyond for our patients on a daily basis. Unfortunately, our economy has prevented people from being able to obtain health insurance limiting our residents access to community healthcare. Sadly, on the eastern shore of Maryland we have a large poverty population that often creates a crisis for our small community hospital. Being a non-profit organization, we provide acute healthcare to anyone that enters our door seeking assistance however, we are not permitted to extend the care upon discharge.

During my 10 year career at Atlantic General Hospital, I have witnessed Amedisys provide charity community services to numerous individuals. Most of the services rendered by Amedisys have been life changing for these patients. The compassion that flows from the Amedisys team is a true blessing to our community. I strongly support and encourage the continuation of indigent care!

Thank you in advance for your time,



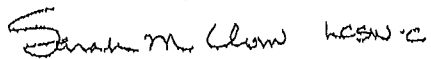
Damiah Nooney, RN, BSN
RN Case Manager
Atlantic General Hospital
9733 Healthway Drive
Berlin MD, 21811
410-641-8708

9/28/2015

To whom it may concern:

I am aware that Amedisys Home Health Services is actively seeking charity care patients to serve in Dorchester and Talbot counties. Should I encounter any patients without insurance benefits, and they need care at home, I will refer these patients for ongoing care to Amedisys as you have made it very clear that you have resources available for these types of patients.

Best regards,

 Sarah M. Clow LCSW-C

Sarah M. Clow LCSW-C

Discharge Planner, IntegreCare Baylegh Chase

Easton, MD 21601

From:

07/05/2018 16:04

#205 P.001/001



The Pines

Genesis HealthCare™

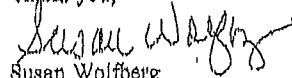
610 Dufourman's Lane
Briston, MD 21601-3946
Tel 410-822-4000
Fax 410-820-9768

July 5, 2018

To whom it may concern:

The social workers at the Pines/Genesis HealthCare are aware that Amedisys Home Health will accept indigent patients who do not have insurance.

Thank you,


Susan Wolfberg
Social Service Specialist



June 29, 2018

To whom it may concern:

As a Transitional Care Nurse for Bayleigh Chase sub-acute rehab, I make referrals to Amedisys Home Health for follow up home health care upon discharge. I am aware that Amedisys accepts charity cases for those patients that do not have health insurance. Amedisys is always willing to assist our patients with their home health care needs.

Best regards,

Joanna Redmond, RN

Joanna Redmond, RN
Transitional Care Nurse

Integrace Bayleigh Chase
501 Dutchman's Lane
Easton, MD 21601
410-822-8888

EXHIBIT 5

(when the Applicant's percentage was slightly below that level).

Further, the Applicant's overall charity care track record in its existing counties is better than that of the other HHAs serving those counties, as shown in Tables 7 through 9.

Table 7
TOTAL VISITS

County	2012	2013	2014
Dorchester	18,178	20,300	19,832
Somerset	10,338	10,174	10,207
Talbot	19,748	20,460	20,702
Wicomico	48,089	50,207	52,238
Worcester	28,208	29,831	30,266
Total	122,641	130,972	133,235

Table 8
TOTAL CHARITY CARE VISITS (% OF TOTAL)

County	2012	2013	2014
Dorchester	72 (0.40%)	54 (0.27%)	18 (0.09%)
Somerset	40 (0.39%)	16 (0.16%)	9 (0.09%)
Talbot	43 (0.22%)	25 (0.12%)	20 (0.10%)
Wicomico	196 (0.43%)	126 (0.25%)	32 (0.06%)
Worcester	83 (0.30%)	54 (0.18%)	57 (0.19%)
Total Charity Care Visits/% of Total Visits	434 (0.35%)	275 (0.21%)	136 (0.10%)

Table 9
COMPARISON OF APPLICANT TO OVERALL PERCENTAGE

	Overall Charity Care % of Visits in All Five Counties	Amedisys Charity Care % of Visits in All Five Counties
2012	0.35%	0.42%
2013	0.21%	0.27%
2014	0.10%	0.11%

Even looked at county-by-county, the Applicant exceeded or (in one case) equaled the overall charity care percentages of all the HHAs serving each county, as shown in Tables 10-12 below.

**Table 10
Dorchester County**

	2012	2013	2014
HH7066	4,260 total/0 charity (0.00%)	4,144 total/0 charity (0.00%)	4,782 total/0 charity (0.00%)
Applicant (HH7111)	7,826 total/33 charity (0.4%)	9,113 total/42 charity (0.46%)	9,607 total/1 charity (0.01%)
HH7139	6,103 total/39 charity (0.64%)	7,043 total/12 charity (0.17%)	6,543 total/17 charity (0.31%)
	18,178 total/72 charity (0.40%)	20,300 total/64 charity (0.27%)	19,832 total/18 charity (0.09%)

Overall percentage of charity care = 0.25% (67,770 total/144 charity).
Applicant's percentage of charity care = 0.28% (26,445 total/76 charity).

**Table 11
Somerset County**

	2012	2013	2014
HH7079	3,568 total/8 charity (0.17%)	3,307 total/0 charity (0.00%)	4,255 total/0 charity (0.00%)
Applicant (HH7111)	6,198 total/34 charity (0.50%)	6,862 total/16 charity (0.27%)	4,823 total/9 charity (0.1%)
HH7082	572 total/0 charity (0.00%)	1015 total/0 charity (0.00%)	1,129 total/0 charity (0.00%)
	10,338 total/40 charity (0.39%)	10,174 total/16 charity (0.16%)	10,207 total/9 charity (0.09%)

Overall percentage of charity care = 0.21% (30,719 total/66 charity).
Applicant's percentage of charity care = 0.35% (16,873 total/59 charity).

**Table 12
Talbot County**

	2012	2013	2014
HH7066	8,447 total/0 charity (0.00%);	7,218 total/0 charity (0.00%)	6,610 total/0 charity (0.00%)
Applicant (HH7111)	4,019 total/20 charity (0.5%)	5,279 total/2 charity (0.03%)	6,989 total/0 charity (0.00%)
HH7139	7,282 total/23 charity (0.32%)	7,963 total/23 charity (0.29%)	7,103 total/20 charity (0.28%)
	19,748 total/43 charity (0.22%)	20,460 total/25 charity (0.12%)	20,702 total/20 charity (0.10%)

Overall percentage of charity care = 0.14% (60,910 total/88 charity).
Applicant's percentage of charity care = 0.14% (16,287 total/22 charity).

Charity Care Plan:

As described above, the Applicant's track record of providing charity care supports the credibility of its commitment to provide greater than the average amount of charity care



August 23, 2018

VIA ELECTRONIC MAIL

Kevin McDonald
Chief, Certificate of Need
Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Re: Amedisys Maryland, LLC d/b/a Amedisys Home Health (License No. HH7111);
Attestation of Charity Care under Certificate of Need in Docket No. 10-20-2312

Dear Mr. McDonald:

This is written to supplement to the letter I sent to you earlier today pursuant to the above-referenced CON under which the Amedisys Home Health parent in Salisbury and its branch office in Cambridge (License No. HH7111) ("Amedisys-Salisbury/Cambridge") is to provide charitable home health services equivalent in value to at least 0.4 percent of total expenses. Specifically, I wanted to provide the following additional information about the decline in the uninsured rate in the counties served by Amedisys-Salisbury/Cambridge since the CON was issued. According to data from the University of Wisconsin Population Health Institute, with support from the Robert Wood Johnson Foundation, the decline in the percentage of the uninsured between 2013 and 2015 in the counties served by Amedisys-Salisbury/Cambridge was between 31% and 46%, as summarized in the following table:

County	2013 Uninsured Rate	2015 Uninsured Rate	Decline in % Uninsured
Dorchester	13%	9%	31%
Somerset	15%	9%	40%
Talbot	13%	8%	38%
Wicomico	15%	8%	46%
Worcester	14%	8%	43%

See <http://www.countyhealthrankings.org/app/maryland/2018/measure/factors/85/data>. I have attached copies of the information for each County from this website.

Should you have any questions or need any additional information, please do not hesitate to contact me.



I attest, as Secretary of Regulatory Reporting for Amedisys Maryland, LLC that all information contained in this letter is accurate and complete to the best of my knowledge, information and belief.

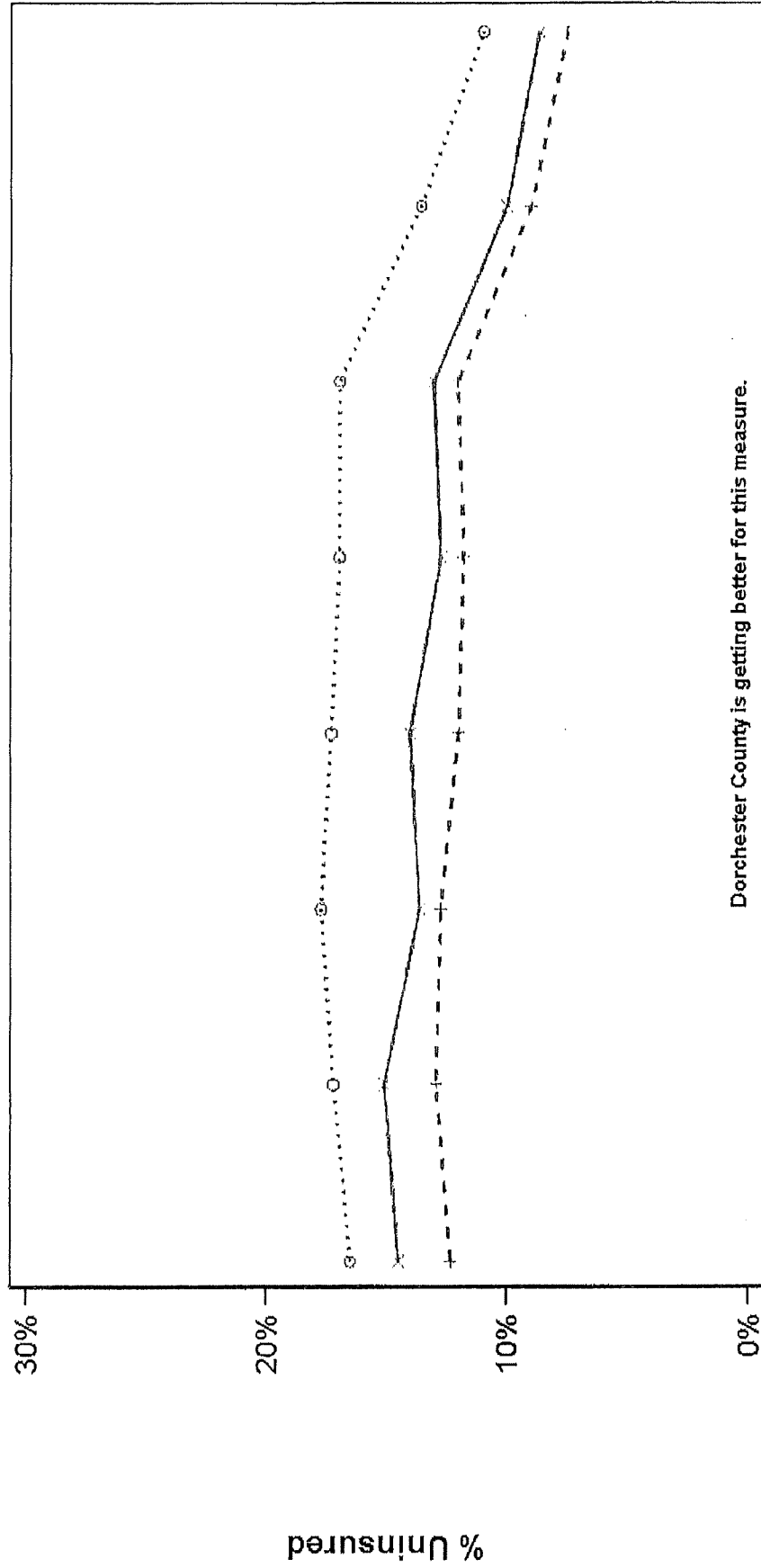
Sincerely,

Monica L. Guidroz

cc: Ruby Potter, Administrative Officer

Uninsured in Dorchester County, MD County, State and National Trends

Dorchester County
 Maryland
 United States

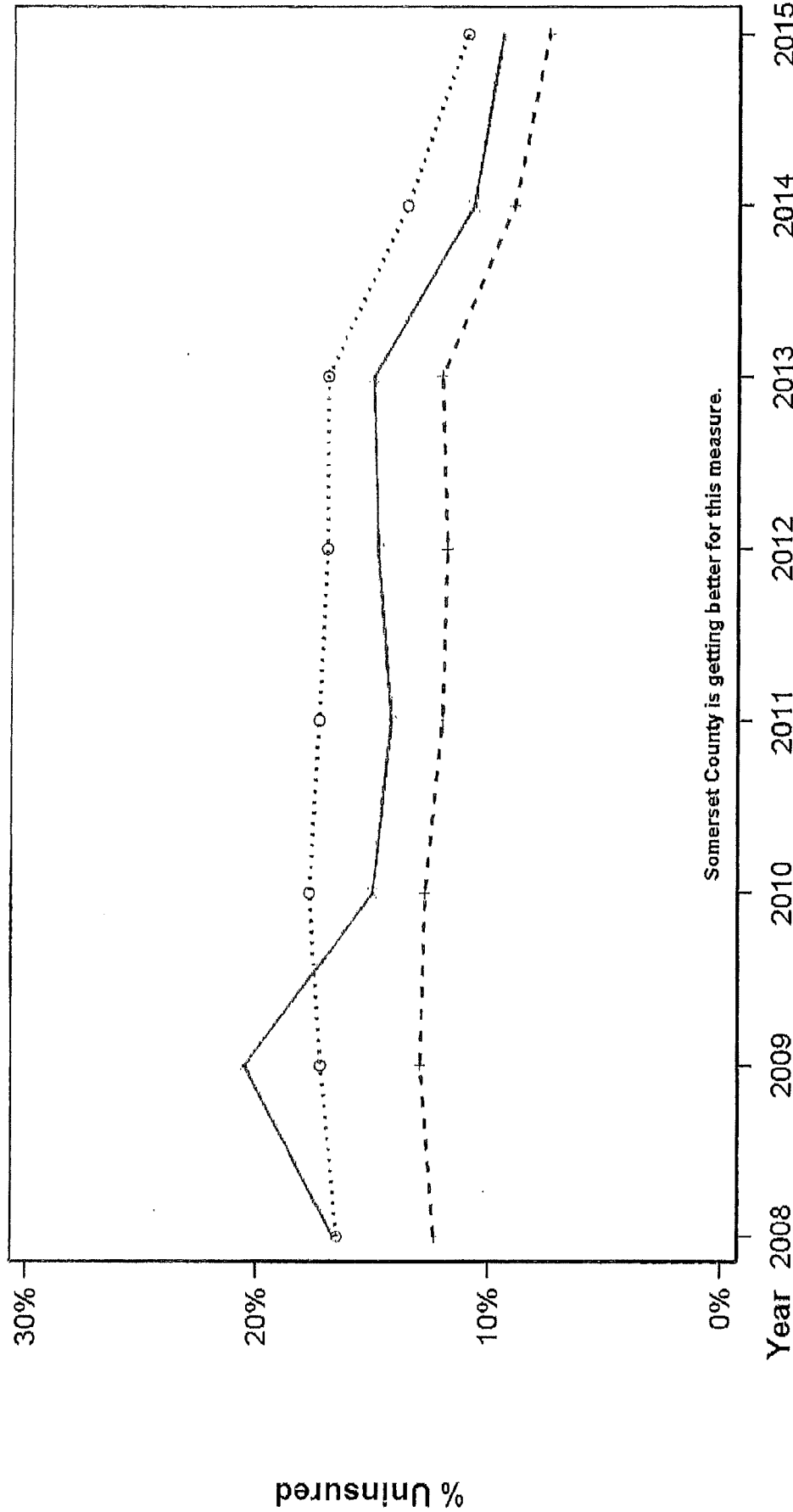


Year	2008	2009	2010	2011	2012	2013	2014	2015
United States	17%	17%	18%	17%	17%	17%	14%	11%
Maryland	12%	13%	13%	12%	12%	12%	9%	7%
Dorchester County	15%	15%	14%	14%	13%	13%	10%	9%

Please see *Measuring Progress/Rankings Measures* for more information on trends. Trends were measured using all years of data

Uninsured in Somerset County, MD County, State and National Trends

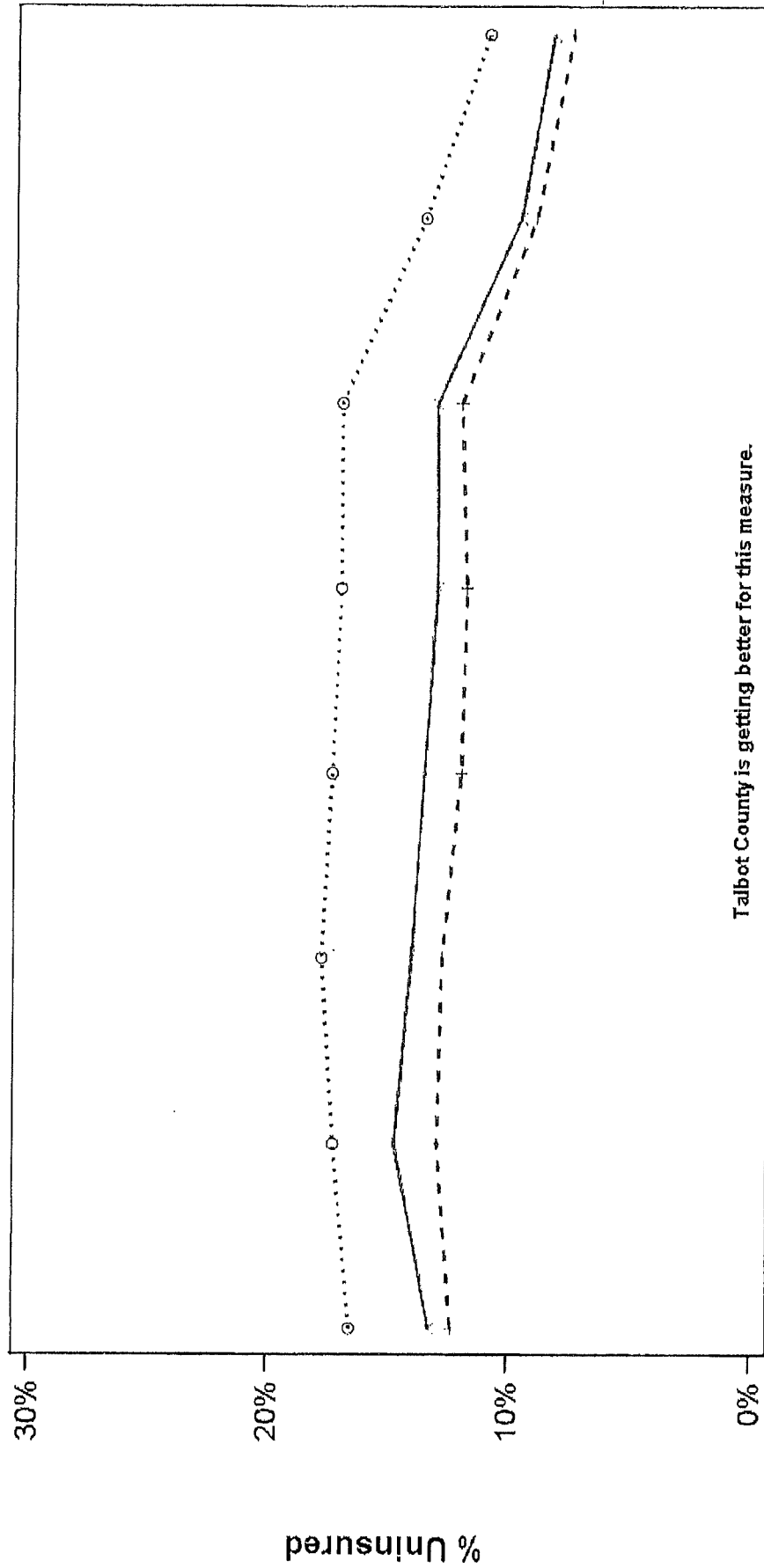
— Somerset County - - - Maryland United States



Please see *Measuring Progress/Rankings Measures* for more information on trends. Trends were measured using all years of data

Uninsured in Talbot County, MD County, State and National Trends

Talbot County
 Maryland
 United States

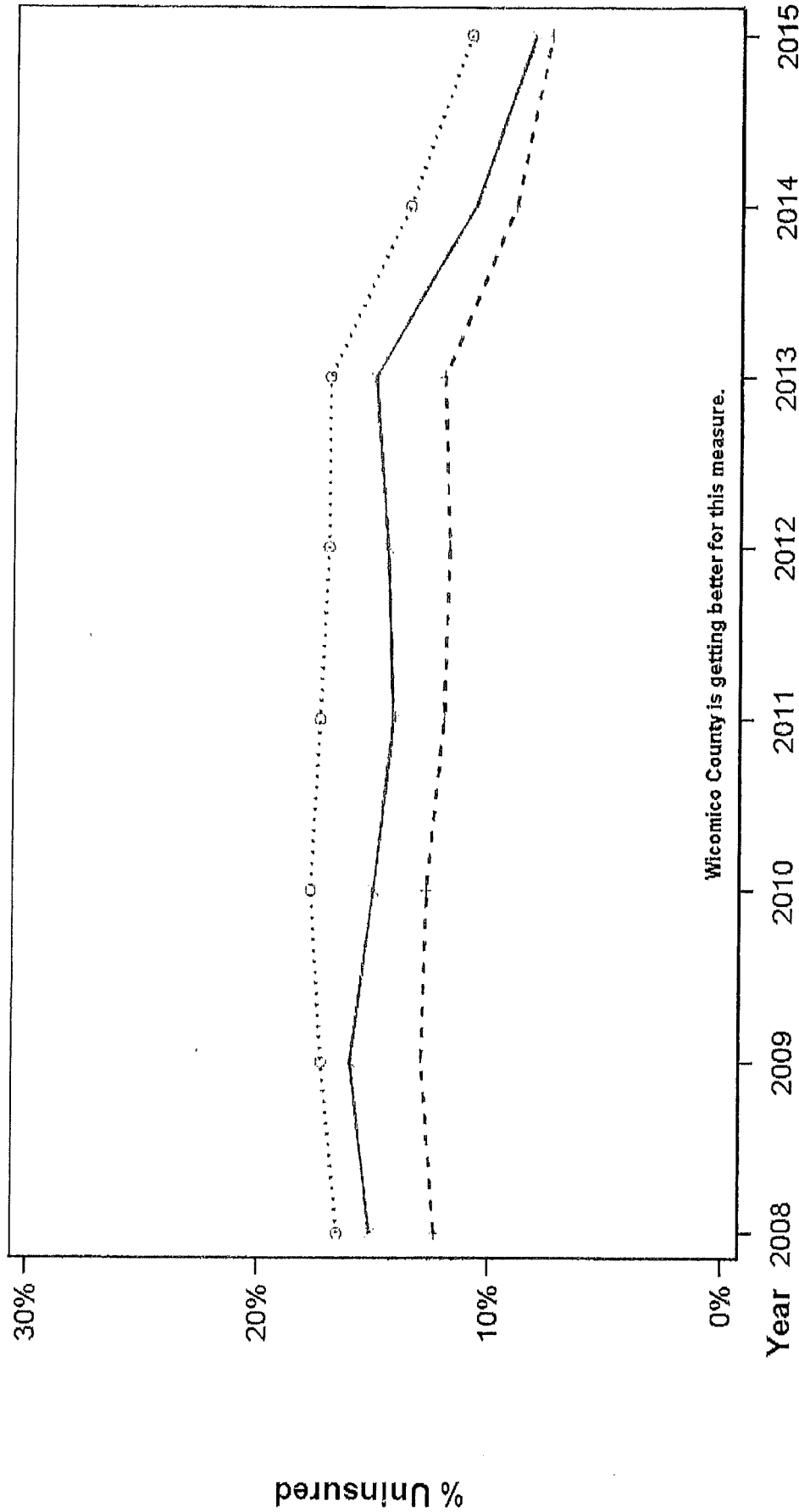


Year	2008	2009	2010	2011	2012	2013	2014	2015
United States	17%	17%	18%	17%	17%	17%	14%	11%
Maryland	12%	13%	13%	12%	12%	12%	9%	7%
Talbot County	13%	15%	14%	13%	13%	13%	10%	8%

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data

Uninsured in Wicomico County, MD County, State and National Trends

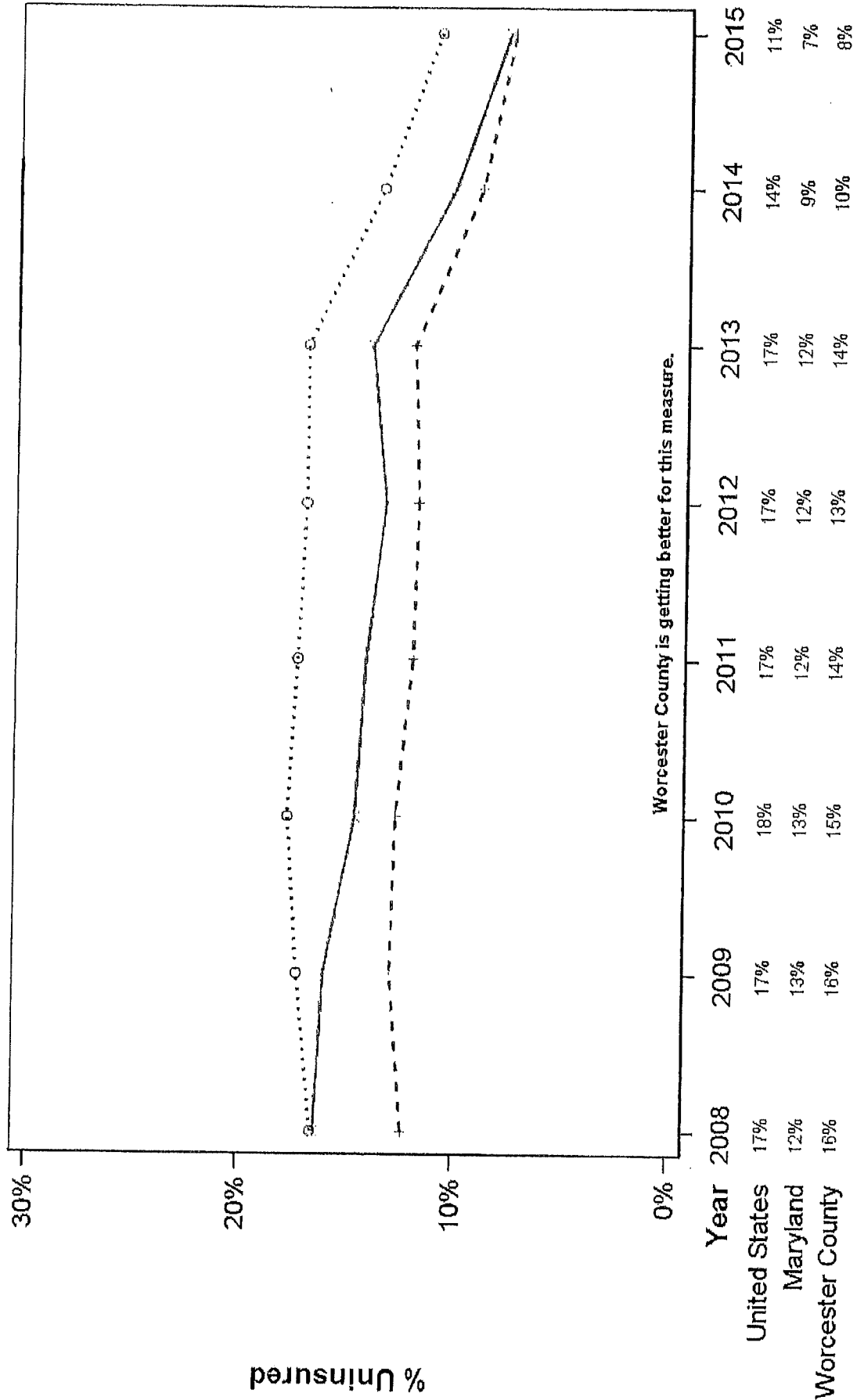
Wicomico County
 Maryland
 United States



Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data

Uninsured in Worcester County, MD County, State and National Trends

— Worcester County - - - Maryland United States



Please see *Measuring Progress/Rankings Measures* for more information on trends. Trends were measured using all years of data

EXHIBIT 37

EXHIBIT 37

CHARITY CARE VALUE BASED ON AVERAGE COST

2012

Discipline	Charity Visits	Average Cost Per Visit By Discipline	Total Dollar Value
Physical Therapy	32	88.05	2,817.60
Occupational Therapy	16	76.98	1,231.68
Skilled Nursing	173	63.13	10,921.49
Medical Social Services	17	141.05	2,397.85
Home Health Aide	4	26.58	106.32
Total	242		17,474.94*

*\$17,452 reported on the survey (difference of \$22.94).

2013

Discipline	Charity Visits	Average Cost Per Visit by Discipline	Total Dollar Value
Physical Therapy	50	80.80	4,040.00
Occupational Therapy	22	70.87	1,559.14
Skilled Nursing	63	59.79	3,766.77
Medical Social Services	14	108.81	1,523.34
Speech /Lang. Therapy	5	85.11	425.55
Total	154		11,314.80*

*\$9,483 reported on the survey (difference of \$1,831.80).

2014

Discipline	Charity Visits	Average Cost Per Visit by Discipline	Total Dollar Value
Physical Therapy	14	81.25	1,137.50
Occupational Therapy	11	73.43	807.73
Skilled Nursing	28	58.61	1,641.08
Medical Social Services	7	108.81	761.67
Total	60		4,347.98*

*\$4,120 reported on the survey (difference of \$227.98).

2015

Discipline	Charity Visits	Average Cost Per Visit by Discipline	Total Dollar Value
Physical Therapy	8	76.79	614.32
Occupational Therapy	7	61.60	431.20
Skilled Nursing	22	59.96	1,319.12
Medical Social Services	1	99.22	99.22
Speech/Lang. Therapy	1	83.86	83.86
Total	39		2,547.72*

*\$2,494 reported on the survey (difference of \$53.72).

2016

Discipline	Charity Visits	Average Cost Per Visit by Discipline	Total Dollar Value
Physical Therapy	35	81.22	2,842.70
Occupational Therapy	3	69.42	208.26
Skilled Nursing	41	60.56	2,482.96
Medical Social Services	13	91.70	1,192.10
Home Health Aide	2	29.98	59.96
Speech/Lang. Therapy	2	91.49	182.98
Total	96		6,968.96*

*\$6,943 reported on the survey (difference of \$25.96).

EXHIBIT 38

EXHIBIT 38

CHARITY CARE REVENUE

2012

Discipline/Supplies	Charity Visits	Revenue @List Price
Physical Therapy	32	5,790.29
Occupational Therapy	16	2,347.74
Skilled Nursing	173	22,238.10
Medical Social Services	17	3,411.20
Home Health Aide	4	314.00
Surgical Supplies		2,599.76
General Supplies		712.71
Total		37,413.80 *

*\$37,428 previously reported.

2013

Discipline/Supplies	Charity Visits	Revenue @List Price
Physical Therapy	50	11,118.50
Occupational Therapy	22	5,035.14
Skilled Nursing	63	11,094.30
Medical Social Services	14	3,467.80
Speech /Lang. Therapy	5	1,155.52
Surgical Supplies		708.75
General Supplies		182.19
Total		32,762.20*

*\$32,252 previously reported.

2014

Discipline/Supplies	Charity Visits	Revenue @List Price
Physical Therapy	14	3,113.18
Occupational Therapy	11	2,517.57
Skilled Nursing	28	4,878.21
Medical Social Services	7	1,733.90
Surgical Supplies		138.87
General Supplies		614.22
Total		12,995.95*

*\$12,996 previously reported.

2015

Discipline/Supplies	Charity Visits	Revenue @List Price
Physical Therapy	8	1,778.96
Occupational Therapy	7	1,602.09
Skilled Nursing	22	4,431.47
Medical Social Services	1	247.70
Speech/Lang. Therapy	1	135.00
Surgical Supplies		192.36
General Supplies		31.62
Total		8,419.20*

*\$8,419 previously reported.

2016

Discipline/Supplies	Charity Visits	Revenue @List Price
Physical Therapy	35	8,575.00
Occupational Therapy	3	741.00
Skilled Nursing	41	9,184.00
Medical Social Services	13	4,667.00
Home Health Aide	2	204.00
Speech/Lang. Therapy	2	532.00
Surgical Supplies		201.54
General Supplies		60.72
Total		24,165.26*

*\$24,165 previously reported.

EXHIBIT 39



Choptank Community Health System, Inc.

To: Wendy
Fax: 855-974-2633

We are aware of the Indigent Care Program that Amedisys offers, for patients with no insurance.

Sincerely,

Mishelle Cummings, Referral Specialist

EXHIBIT 40

PUBLIC DISCLOSURE OF THE AVAILABILITY OF CHARITY CARE, DISCOUNTED FEE CARE AND TIME PAYMENT PLAN

Amedisys Home Health is committed to providing accessible home health care to the communities it serves. Home health care is available to all patients regardless of their race, color, national origin, gender or ability to pay. Amedisys Home Health provides charity care at no cost to patients for whom there is no means of payment by the patient or a third party payer (such as an insurer), and is available to a patient whose income is at or below 125% of the Federal Poverty Guidelines for the patient's family size. Amedisys Home Health provides discounted fee care to patients of limited means who are not eligible for charity care, but are unable to pay the full cost of home health care, and is available to a patient whose income is above 125% and up to 400% of the Federal Poverty Guidelines for the patient's family size. A sliding scale is used to determine the amount of the discount that the patient is eligible for based on the patient's income level within that range. Within two business days of a patient's initial request for charity care or discounted fee care, application for Medical Assistance, or both, Amedisys Home Health will make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and will communicate that determination to the patient. Following a determination of probable eligibility, Amedisys Home Health will make a final determination of eligibility for charity care and/or discounted fee care, which will be based on a completed income verification form and supporting documentation from the patient. Amedisys also offers a time payment plan for patients who are eligible for discounted fee care which allows them to pay their discounted charges over time.

For additional information, please refer to the complete Amedisys Home Health Policy governing "Maryland Charity Care and Discounted Fee Care -- Availability, Eligibility and Eligibility Determination Process; Time Payment Plan" which follows below, or you may also contact your local Amedisys Home Health Care Provider.

Policy: FM-008-A	Date(s) Revised: 06/18
Subject: <i>Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan</i>	
Applicable Service(s): Home Health (Maryland only)	Page: Page 1 of 3

PURPOSE:

- To ensure access to home health agency services regardless of an individual's ability to pay and provide home health agency services on a charitable basis to eligible indigent and low income persons.
- To provide guidelines to determine a patient's eligibility for charity care and discounted fee care.
- To establish a framework in which requests for charity care and discounted fee care are considered and mechanisms for approval of such services.

SCOPE:

- This Policy applies to Amedisys home health agencies operating in the State of Maryland, and constitutes the exclusive Policy governing the availability of and eligibility for charity care and discounted fee care by such agencies, and the process followed by Amedisys to determine eligibility.
- This Policy also exclusively governs the Time Payment Plan for Amedisys home health agencies operating in the State of Maryland.

DEFINITIONS:

- "Charity care" means care for which there is no means of payment by the patient or any third party payer and which is provided at no charge to the patient.
- "Discounted fee care" means care provided to patients of limited means who do not qualify for charity care but who are unable to bear the full cost of services, and which is provided at a discounted fee in accordance with this Policy.

ELIGIBILITY:

- Charity care is provided for patients at or below 125% of the Federal Poverty Guidelines for his/her family size.
- Discounted fee care is provided for patients above 125% up to 400% of the Federal Poverty Guidelines for his/her family size in accordance with the following Sliding Fee Scale:

Poverty Level (at or below)	% Discount
125%	100%
150%	90%
175%	80%
200%	70%
225%	60%
250%	50%
275%	40%
300%	30%
325%	20%
350%	10%
375%	5%
400%	5%

- Insured patients who meet the income criteria above are eligible for charity care or discounted fee care for services rendered in excess of (or excluded from) defined benefits under their insurance coverage.

ELIGIBILITY DETERMINATION PROCEDURE:

- When a patient or patient's representative requests charity care and/or discounted fee care, Medical Assistance, or both, the following two-step process will be followed by Amedisys:

Policy: FM-008-A	Date(s) Revised: 05/18
Subject: <i>Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan</i>	
Applicable Service(s): Home Health (Maryland only)	Page: Page 2 of 3

• **STEP ONE – DETERMINATION OF PROBABLE ELIGIBILITY**

- o Within two business days following a patient's initial request for charity care and/or discounted fee care, application for Medical Assistance, or both, Amedisys will (1) make a determination of probable eligibility for Medical Assistance, charity care and/or discounted fee care, or both, and (2) communicate the determination to the patient and/or patient's representative.
- o In order to make the determination of probable eligibility, an Amedisys social worker will conduct an interview with the patient and/or patient's representative. The interview will cover family size, insurance, and income. The determination of probable eligibility will be made based on the information provided in the interview. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility to be made.

• **STEP TWO – FINAL DETERMINATION OF ELIGIBILITY**

- o The final determination of eligibility for charity care or discounted fee care will be based on a completed income verification form and supporting documentation of eligibility.
- o The patient or patient's representative will be requested to attest to available income and family size and to document the patient's income by the best available information in his/her possession, such as W-2 form, pay stub, tax return, Medicaid card, or other similar documentation of income level.
- o If documentation to verify income is not available, the Director of Operations is authorized to make a determination that the patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances.
- o If the patient is eligible for Medical Assistance and has not already applied, the patient will be requested to apply for coverage under this program. Eligibility for charity care or discounted fee care will be provisionally granted pending approval of the application for Medical Assistance.
- o A patient and/or patient's representative are required to cooperate fully with Amedisys in obtaining the information to make a final determination of eligibility for charity care or discounted fee care under this policy.

TIME PAYMENT PLAN:

- A patient who qualifies for discounted fee care under this policy may request to pay billed charges over time. Amedisys requests a minimum of \$25 per month with the balance being resolved within 1 year from start-of-care.

INTERNAL ACCOUNTING AND RECORDKEEPING (INTERNAL USE ONLY):

- The care center Director of Operations may prospectively approve charity care or discounted fee care up to \$1,000.
- Approval from the corporate office or the Senior Vice-President of Operations, or her designee, should be obtained if the amount of charity care or discounted fee care services for a patient exceeds \$5,000.
- A log of pre-approved charity care and discounted fee care patients and amount of charges for discounted services to such patients shall be maintained.
- Indigent or charity patients are set up in HCHB with the payer code of Private. INDIGENT/Charity. HCHB will automatically mark any visits as non-billable.
- Separate accounts should be maintained for charity care and discounted fee care patients and a patient should not be included in one of these accounts and also in a bad debt accounting category. A patient whose accounts have been placed in a bad debt category or other accounting classification may have his or her charges moved to a charity account if his income

Policy: FM-008-A	Date(s) Revised: 05/18
Subject: Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan	
Applicable Service(s): Home Health (Maryland only)	Page: Page 3 of 3

level is determined to qualify for such status at any time prior to legal action being taken against such person; provided, however, that accounts moved from bad debt to charity shall not be reported as charity care in data reporting to the Maryland Health Care Commission.

- Where Amedisys has made a minimum charity care commitment in connection with a certificate of need, charity care provided by the agency should be credited to the various, respective commitments and reported to the Maryland Health Care Commission as required.

INCOME DOCUMENTATION VERIFICATION

I, _____ [Patient name] provide the following information in support of my request for charity care and/or discounted fee care for home health care services rendered to me by Amedisys Home Health. The information I provide will be maintained in the strictest confidence by Amedisys and will be utilized by Amedisys solely to (1) make a final determination of my eligibility for charity care and/or discounted fee care for home health care services rendered to me, and (2) compile aggregated, non-personally identifiable reports to States requiring this information.

ANNUAL INCOME (including income from all sources, including any insurance, third party coverage, guarantors or any other source)

____ \$0-\$12,000 ____ \$30,001-\$40,000 ____ \$60,001-\$70,000 ____ \$90,001-\$100,000
____ \$12,001-\$20,000 ____ \$40,001-\$50,000 ____ \$70,001-\$80,000 ____ \$100,001-\$120,000
____ \$20,001-\$30,000 ____ \$50,001-\$60,000 ____ \$80,001-\$90,000 ____ \$120,001-above

FAMILY SIZE: _____ PERSONS

Supporting Documentation Provided (check all that apply)

____ W-2 ____ Tax Return ____ Other (specify)
____ Pay Stub ____ Medicaid Card
____ None

If you have any other information that you believe would be helpful to Amedisys in making a decision, please attach it to this form.

I hereby attest and certify that the foregoing information is true, accurate and complete to the best of my knowledge, information and belief.

Patient Signature

Date

If you have any questions regarding this form, please contact Amedisys' Chief Compliance Officer at 1-800-466-0020.

TO BE FILLED OUT BY SOCIAL WORKER:

AGENCY LOCATION: _____

PATIENT ID#: _____

The undersigned has made a determination regarding the accuracy and correctness of the foregoing income and family size information or is otherwise satisfied that the above-referenced patient is eligible for charity care or discounted fee care under Amedisys Policy FM-008A (Maryland Charity Care and Discounted Fee Care – Availability, Eligibility and Eligibility Determination Process; Time Payment Plan).

Amedisys Social Worker

Date

INCOME DOCUMENTATION ATTESTATION

Where circumstances prevent Amedisys from securing detailed information concerning the income and family size of a particular patient in order to make a final determination of eligibility for charity care or discounted fee care, a Director of Operations is permitted to make a final determination that a patient is eligible for charity care or discounted fee care based on the totality of the patient's circumstances reflecting income at or below the eligibility guidelines under Policy FM-008A (Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland.

AGENCY LOCATION: _____

PATIENT ID#: _____

I hereby attest and certify that I have made a reasonable inquiry into the financial situation, including the annual income and family size, of the foregoing patient with respect to the patient's eligibility for charity care and/or discounted fee care as set forth in Policy FM-008A (Availability of Charity Care and Discounted Fee Care, Eligibility and Eligibility Determination Process; Time Payment Plan) that applies in the State of Maryland. I am satisfied that the patient is eligible for charity care and/or discounted fee care under such policy.

Director of Operations

Date